

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 88-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



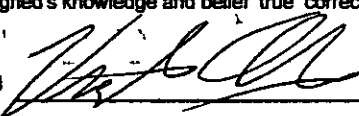
READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U 7251	2 Fiscal Year Covered From 1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing Name Vicente Alvarado P O Box, Bldg Room No if any Street 11652 Jim Thorpe City El Paso State Texas ZIP Code +4 79936	4 Name file number and address of labor organization Name Sheet Metal Workers Local Union 49 Labor Organization File Number 019-552 P O Box Building and Room Number if any Street 2300 Buena Vista S E City Albuquerque State New Mexico ZIP Code +4 87106
5 Position in labor organization Training Coordinator/Organizer	

Enter appropriate data below if during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6 Name and address of Employer (including trade name if any) Name Trade Name if any P O Box Bldg Room No if any Street City State ZIP Code +4	7 a. Nature of Interest, Transaction or Income. 7 b. Amount.

Signature

15 Signature and verification. The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true, correct, and complete. (See the section on penalties in the instructions.)		
Signed 	On 4/19/2006 Date	915-778-9763 Telephone Number

Name of Person Filing **Vicente Alvarado**

File Number U

Part B Continuation Page

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name if any)

Name International Training Institute

Trade Name if any iT1

P O Box Bldg Room No if any

Street 601 N Fairfax ST Suite 240

City Alexandria

State Virginia

ZIP Code + 4 22314

10 If 9 b or 9 c. is checked give trust or employer's name

Name International Training Institute

Trade Name if any iT1

P O Box, Bldg. Room No if any

Street 601 N Fairfax ST Suite 240

City Alexandria

State Virginia

ZIP Code + 4 22314

9 Business deals with

☐ a Labor Organization☒ b Trust☐ c. Employer

11 a Nature of such dealing

CPI Training Lodging

11 b Approximate dollar value of such dealing

\$432

12 a Nature of interest held or income received

iT1 Check 1/14/05

12.b Amount

\$432

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

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Name International Training Institute

Trade Name if any ITi

P O Box, Bldg Room No if any

Street 601 N Fairfax ST Suite 240

City Alexandria

State Virginia ZIP Code + 4 22314

11 a Nature of such dealing

CPI Training Per DEIM

11 b Approximate dollar value of such dealing.

\$200

12 a. Nature of interest held or income received

ITi Check 1/4/05

12 b Amount.

\$200

C Received from any employer (other than an employer covered under parts A and B above)
or from any labor relations consultant to an employer any payment of money or other thing of value

13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box Bldg Room No if any

Street

City

State Virginia

ZIP Code + 4

14 a. Nature of payment

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14 b Amount of payment.

ITI
LM 30 INFORMATION
2005

NAME ALVARADO VINCENTE
TRUSTEE SMW LU 49
2300 BUENA VISTA SE, SUITE 1110
ALBUQUERQUE, NM 87106

FUND	DATE	AMOUNT	PURPOSE	EXP TYPE
ITI	1/4/05	200 00	CPI	PER DIEM
ITI	1/14/05	431 64	CPI	LODGING
		<u>631 64</u>		